

09 668 314

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09 668,314		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
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11				1			61						
12				1			62						
13				1			63						
14				1			64						
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16				1			66						
17				1			67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22				1			72						
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29				1			79						
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31				1			81						
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34				1			84						
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36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			5				TOTAL DEP.						
TOTAL CLAIMS			7				TOTAL CLAIMS						